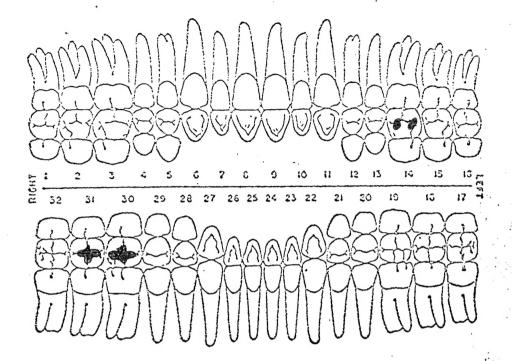
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LOCATION: DE BRIGE STORY	GRAVE # 0 2 2 1 0 9
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IDENTIFIED 19 NAME: Frank Ce	nthony aguire
STILL UNKNOWN	
INVENTOR	Y SHEET
HAIR SAMPLES:	AUTOPSY REPORT: ROUGH FINAL
BODY X-RAYS: HCMEOTHER	SUPPLEMENTAL: ROUGH FINAL
DENTAL X-RAYS: HCMEOTHER	INVESTIGATORS REPORT: ROUGH FINAL
HCME PHOTOS: BODY PERSONAL EFFECTS	SUPPLEMENTAL: ROUGH FINAL
CLOTHINGDENTAL	TOXICOLOGY REPORT
PHOTO FROM FAMILY:	DENTAL EXAMINATION: ROUGH FINAL FORM
MISSING PERSONS REPORT	POINTS OF COMPARISON: ROUGH FINAL FORM
DEATH CERTIFICATE	HCME DENTAL CHART
BRIEF PHYSICAL DESCRIPTION	OTHER DENTAL CHART original
SYNOPSIS OF MEDICAL TESTIMONY:	EVIDENCE SHEET:
CORRESPONDENCE:	
COMPARISONS:	
OTHER: ferry copy of Oudg	
office. Acces to sold of good	

STATE OF OHIO HP-240 Rov. 8/70

STATE HIGHWAY PATROL

DENTAL CHART

	Fill out all information in P	ENCIL
#24	Assigned identification number	Division Case Humber
73-3409	Autopsy number	Picture Pouch Number
	Autopay number,	
	Armed Forces Serial Number	Date of Exam.
	Social Security Humber	Place of Exam.
(Circle	One) UNKNOWN PRESUMPTIVE BY EXC	LUSION CONFIRMED
Xa	me of the Deceased Estimated Age	Race Sex
FRANK	L. AGUIRRE 18	WM
CONFIRMED IDENTIFICATION	TION OF BODY BY	
CONFIRMED IDEATIFICA	Name of Examiner	
Confirmed identificat	tion by means of (circle) X-ray comparison,	Clinical conformation by previous dental
records, Other		
	ircle one) None, Color, Black & White, Other	
Name, Address, and Te	elephone Mumber of Photographer	
Location of the Body		
Position of the Body		
Manuscate describidades and instrumentation of their consuminary recommendation.		
	BEFORE PROCEEDING-READ PAGE 2 CAREFULLY	AND EQUIOU ALL
	INSTRUCTIONS-HAVE A QUALIFIED ASSISTANT T	
	RECORD ALL INFORMATION IN PE	
<u> </u>		
Wame, Address, and T	olophone Number of the Examiner	
Name Address and T	elephone Number of the Assistant	
, , , ,		



Describe completely all Prosthetic Appliances or

Fixed Bridges CROSS BITE #4 (LINGUAL

Circle descriptive term

Prosthotic Appliances
Present ----- Haxilla

Full Danturo .

Partial Donturo Fixed Bridge

Prosthetic Appliances
Present —— Handible

Full Donture

Partial Denture Fixed Bridge

Stains on teeth

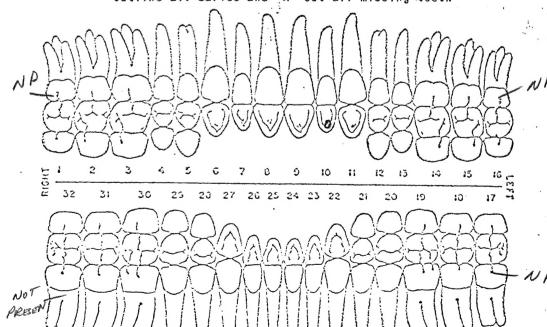
Slight

Moderate

Severe

HARK ALL CARIES AND HISSING TEETH ON THIS CHART

Outline all caries and 'X' out all missing teeth



Circle descriptive term

Jaw Relationship



Undershot

. Ovorbite

Periodontal condition

Excellent

Avorage

Poor

Gross Reglect

Calculus

Slight

Moderate

Savere

THIS CHART RECORDED BY

PORCELAIN

ANY FULL JACKETS OR CORWNS PRESENT ---- ACRYLIC

DESCRIPTION OF FIXED BRIDGEWORK

Please

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Received by

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#73-3409

FRANK AGUIRRE

		 		
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73-3409

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FRANK AGUIRRE

HIGH ISLAND AUTOPSY - August 15, 1973 - 1:15 P.M.

EXTERNAL XAM -

- (1) SKELETAL REMAINS WITH SMALL AMOUNT OF FLESH & SKIN PIECES OF BODY NOT INTACT
- (2) ADHESIVE TAPE COVERING ENTIRE FACE
- (3) GAG IN MOUTH (ABOUT SIZE OF WASH RAG) IN MOUTH GOING INTO THROAT
- (4) ROPE WITH HANGMAN'S KNOT AROUND NECK
- (5) SAME TYPE PLASTIC COVERING IN CRASH BAG, BUT NOT AROUND BODY
- (6) BONES SHOWED CONSISTANT WITH 18 YR. OLD W/M
- (7) DEATH OCCURRED ON OR ABOUT FEBRUARY 24, 1972
- (8) NO WAY OF KNOWING WHETHER HYOID BOVE BROKEN IT FALLS AWAY WITH FLESH

INTERNAL XAM -

- (1) SOLELY X-RAYS
- (2) NO FOREIGN OBJECTS (E.G. BULLETS) IN BODY
- (3) CAUSE OF DEATH STRANGULATION & GAGGING
- (4) NOT IMMEDIATE AND PAINLESS DIES OF AIR HUNGER
- (5) TAKES 2 4 MINUTES TO DIE PAINFUL
- (6) BE CONSCIOUS AS LONG AS HE CAN HOLD BREATH
- (7) COULD NOT HAVE BREATHED ONCE TAPE FULLY COVERED FACE & NOSE
- (8) PHOTOS OF JAWBONES
- (9) X-RAYS OF JAWBONES AND TEETH
- (10) DR. BERNARD SOLOMON PROVIDED DENTAL CHART OF FRANK AGUIRRE DR. SOLOMON USED REVERSE (MIRROR IMAGE) OF UNIVERSAL CHARTING SYSTEM
- (11) POINTS OF IDENTITY 3
 - 3 FILLINGS IDENTICAL (4 FILLINGS IN 3 TEETH)

DR. SOLOMON
TOOTH #3

DR. JOE - UNIVERSAL

14

2 FILLINGS

TOOTH #30 1 FILLING 7

TOOTH #31

1 FILLING

?

JOSEPH A. JACHIMCZYK, M.D., J.D. FORENSIC PATHOLOGIST ATTORNEY AT LAW CHIEF MEDICAL EXAMINER



228-8311 EXT. 671 (DAY) EXT. 212 (NIGHT)

OFFICE OF THE MEDICAL EXAMINER OF HARRIS COUNTY

DOB 8-22-53

73-340 FRANK ANTHON AGUIRRE

HARRIS COUNTY COURT HOUSE HOUSTON, TEXAS 77002

AUTOPSY REPORT

CASE 73 - 3409

August 15, 1973

PATHOLOGICAL DIAGNOSIS ON THE BODY

OF

Frank Anthony Aguirre 932 West Cottage Street Houston, Texas

Asphyxia due to strangulation and gagging.

OPINION

It is our opinion that the decedent, Frank Anthony Aguirre, came to his death as a result of asphyxia due to strangulation and gagging, homicide.

It is our further opinion that death occurred on or about February 24, 1972.

COMMENT: Dr. Joseph A. Jachimczyk spoke with Mr. Frank Aguirre on the telephone on August 23, 1973.

Chief Medical Examiner

POSTMORTEM EXAMINATION ON THE BODY OF

Frank Anthony Aguirre 932 West Cottage Street Houston, Texas

HISTORY: These remains were recovered from a grave 2 to 3 feet deep on the beach off Highway 87, 1 mile west of Jefferson County line, in Chambers County, Texas, at 10:13 a.m. on August 13, 1973. Unknown #23 (73-3408) and Unknown #24 (73-3409) were brought to the Harris County Morgue at approximately 4:00 p.m. on August 13, 1973. (See Companion Cases 73-3365, 73-3366, 73-3412 and 73-3413).

AUTOPSY: The autopsy was performed by Chief Medical Examiner Joseph A. Jachimczyk, M.D., assisted by Assistant Medical Examiners Ethel E. Erickson, M.D., and G. Sheldon Green, M.D., and assisted by Dr. Paul G. Stimson, beginning at 1:15 p.m. on August 15, 1973, in the Harris County Morgue.

Received in a black crash bag were the skeletal remains of a male Caucasian with only a small amount of decomposed flesh and skin. The skull was covered with long black hair, measuring from 8 to 10 inches in length. There was adhesive tape covering the entire face. There was a gag present in the mouth. Around the neck area, there was a rope tied in a hangman's noose. There was a portion of plastic covering received with the body. The bones included a complete skull with the teeth, two femurs, two radii, two tibias, two fibulas, two humeri, two ulnas, one scapula, two pelvic bones, 21 ribs, two clavicles, manubrium, and the body of the sternum. In 10 of the ribs, there were irregular protrusions near the vertebral edges for muscle attachment at the anterior ends of the ribs. There were three large bones of a foot and six small bones of the hand, including metatarsals and metacarpals. Each femur measured 18-1/2 inches in length. Each tibia measured 16 inches in length. Each humerus measured 12-1/2 inches in length. Each fibula measured 16 inches in length. ulna measured 10-1/4 inches in length. Each radius measured 10-3/4 inches. Each clavicle was 5-3/4 inches in length.

The skeletal features are consistent with those of an 18 year old Caucasian male with a living stature of 6 feet 2 inches.

DENTAL EXAMINATION

Universal Charting System: The four third molars are not present. There is a cingulum caries on the upper left lateral, which is tooth 10. There is a mesial and distal pit amalgam on tooth 14, which is the upper left first molar. There is an occlusal amalgam in the lower right first molar, tooth 30. There is an occlusal amalgam in the lower right second molar, which is tooth 31. The upper right second bicuspid, tooth 4, is in cross-bite to the lingual. The jaw relationships are normal.

Comparison of our record with the record of Dr. Bernard M. Solomon, D.D.S., 1717 North Loop West, Suite #3, Houston, Texas, 77008. Fillings were present in three teeth which were reversed from those we had charted. However, on August 31, 1973, at 2:30 p.m., I called Dr. Solomon and asked him what charting system he used. He charted #3 as the upper left first molar. He charted #30 as the lower right first molar. He charted #31 as the lower right second molar. This was different from the manner we charted. Our upper left first molar would be #14, the lower right first molar would be #30 and the lower right second molar #31. Therefore, the fillings in the charts were exactly the same; only the method of charting differed. Dr. Solomon had no antemortem radiographs. Accordingly, it is our opinion, based upon a reasonable medical probability, that the decedent is Frank Aguirre.

Paul G. Stimson, D.D.S., M.S.

-
Autopsy

INVESTIGATOR'S REPORT

Investigator:	_H.	C.	Gregory
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View

Case No. 73-3409

Decedent:	Frank Anthony Aguirre	Race W Sex M Ag	ge_19
Address:	932 West Cottage Street, Houston, Texa	S	
Death:	FOUND August 13, 1973 Beach Off Highway 87, 1 Mile West of	Гime <u>10:13</u>	-A.W.
Place of Death:	Jefferson County Line, Chambers County Beach Off Highway 87, 1 Mile West of		
Place of Inquest:	Jefferson County Line, Chambers County	, Texas	
Date and Time of Inquest:	August 13, 1973	3:10	- X

Location, Position, and Surroundings of Body:

Clothing:

Information:

The decedent, according to C. A. Dailey and Ben
Sterling of the Sterling Funeral Home, Dayton, Texas, was disintered
from a gravesite on the beach at the above location. The grave was
2 to 3 feet deep.

H. C. Gregory

Property:

Transferred to Morgue by: Sterling Funeral Home, Dayton, Texas

Funeral Home Conducting Service: Earthman Funerals, Houston, Texas

DI. Jackerniczyk Jury 0, 17/4

73-3334; 73-3335; 73-3377; 73-3409;

Marty Ray Jones; Charles Cobble; Homer Luis Garcia; Frank Anthony Aguirre; Johnny Ray Delone

I'lmer Wayne Henley

175th District

74-CR-424

Bexar County Court

House

73-3412

San Antonio, Texas

There ARE Pictures

Dr. Jackingyb strotified 7-10-74 through 7-11-74

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1973 MASS MURDER INVENTORY CASES TO DATE AS OF 071501

DR. DELATTRE VIEWE	D CASE:	CASE FINDI	NGSSEE ATTA	CHED REPOR	RT DATED
1TEM # CASE # 1 (24) 73-3409	Frank Hothony	TYPE OF REMAINS Skeletal	LOCATION OF REMAINS SUL AUTOPSY	FOUND 8-13-73 Decomp	DATE ID'D & BY WHAT METHOD 8-31-73 Dental Companiso
FOUND@: Chambers NOK NOTIFIED: Y N DATE /TIME NOTIFIED	D: 8-23-73 (dad)	, ,	Report Co.Line	High Island Dr Sachir	nczyk
AUTOPSY DONE BY/D.			5-73		
INVESTIGATOR REPO	ORT: (Y) N AUTOPSY RI	EPORT: (Y)/ N	POLICE REPOR	RT: Y/(N) SC	ENE PHOTOS: (Y)/ N
DEATH CERTIFICATE	E: Y / N DATE D/C SI	GNED:		B	exar Co. Court House
NOT IN FILE	NOTIN	FILE		0	an AntonioiTX
FULL BODY XRAYS:	Y)/ N DENTAL CHAR	RT/XRAYS:(Y)/ N	DNA: Y	N) REL	EASE SIGNED: Y/N TE: NO+ 10 file
TD ANCEEDDED TO HO	CME			вт:	
TRANSFERRED TO HO BY: 5-leving &	H / On How IT				
FUNERAL HOME:	arthman	BUI	RIED ?	CREM	ATED ?
manner of death:		trangulat	in + gao	gng DOD:	2-24-72
SOURCE: HOME I	Report + Investig	gator File			
OTHER INFORMATION: ((LL)) (MISSING PLYSY)	phobs + Keeth is	ler autops 26-72	1 report		
			, , , , , , , , , , , , , , , , , , , ,		

Re: letter of Vetober 9 under separate cover.

STATE OF TEXAS	CERTIFICATI		TATE FILE NO.		
I. PLACE OF DEATH		2. USUAL RESIDENCE (Where dece		TV	
Chambers		a. STATE Texas	b. COUN	narris	
b. CITY OR TOWN (If outside city limits, give precinct no.) c.	LENGTH OF STAY	c. CITY OR TOWN (If outsid		no.]	
Precinct #3		Housto			
foundor gountry in Liene in Chamb	ers : Cty.	d. STREET ADDRESS (If rural,	•		**
eachsior Hwy. 87, 1 Mi. W.	of Jeffers	son/ 932 We	st Cotta	ge	
e. IS PLACE OF DEATH INSIDE CITY LIMITS?		e. IS RESIDENCE INSIDE C	TY LIMITS?	I. IS RESIDENCE ON A FA	RM7
YES [ио ⊠	YES [X]	ио 🗆	YES 🗍	ио 💆
DECENSED	Middle	(c) Lost	4. DATE OF DEATH		
(Type or print) Frank Ant	hony	Aguirre	Found 8	3-13-73	
5. SEX 6. COLOR OR RACE 7.	ied Never Married 🔀	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF U Months Days Houn	NDER 24 HR:
Male White Widow		Aug. 22, 195	3 19"		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN		11. BIRTHPLACE (State or foreign of		12. CITIZEN OF WHAT C	OUNTRY?
during most of working life, even if retired)	School	Houston, Tex	as	U.S.A.	
13. FATHER'S NAME	DOHOOT	14. MOTHER'S MAIDEN NAME			
Frank Aguirre		Josephine Mo	ntez		
•	AL SECURITY NO.	17. INFORMANT			
(Yes, no or unknown) (If yes, give war or dates of service)	AL SECURITI NO.	X	(len	1-1-1-1 .	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	d (c).]	1 Jan 1	1	INTERV	AL BETWEEN
PART I, DEATH WAS CAUSED BY:		to strangulat	i or and		
IMMEDIATE CAUSE (a) AS	myxia due	co strangurat	LOII and		
Conditions, if any, which gave rise to above cause (a), DUE TO (b)	gging.	,			
stating the under-					
lying cause last. DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT REI	LATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN	PART I(a) 19. WAS FORM	AUTOPSY PE ED?
				YX6XX	МО
œ1	CRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Par	t I or Part II of Item 18.)	
	Strang1e	ed and gagged.			
3 20c. TIME OF Hour Expland Day Year		3-3-3			
E TINJURY A.M. O 12 72					
@ IINK					
\(\frac{1}{2}\) UNK \(\frac{1}{2}\),m. \(\delta \) 13 \(\delta \)	atauthane, farm, factory,	20F. CITY, TOWN, OR LOCATION	COUNT	Y	STATE
20d. INJURY OCCURRED 20e. PLACE OF INJURY (c.df. ot)	pp (The)me, farm, factory,	201. CITY, TOWN, OR LOCATION Precinct #3	Chamba		
UNK p.m. 8 13 /3 20d. INJURY OCCURRED 20d. PLACE OF INJURY (f.df. ot street -ff.ce building, etc.) 20d. PLACE OF INJURY (f.df. ot street -ff.ce buildi	ounty	Precinct #3	count Chambe	ers T	exas
20d. INJURY OCCURRED WHITE AT NOT WHITE WORK TO AT WORK TO LINE THE PROPERTY OF THE PROPERTY	ounty four	id, to	CHambe	ers T	exas
20d. INJURY OCCURRED white AT D NOT WHITE work TO NOT WHITE Chambers: Co 21. Thereby certify that I attended the decessed from errom autopsy findings. 19	four posth occurred at 8	1d ₉ to	tated above, and to the	OTS T	exas
20d. INJURY OCCURRED WHILE AT AT WORK TO AT WORK TO Chambers. Co 1 hereby certify that I attended the decessed from autopsy findings. 19. 22a. SIGNATURE	four posth occurred at 8	2d ₉ to 3-13-73 m. on the date s 22b. ADDRESS 209 C	tated above, and to the	ers T 19 and lost saw th best of my knowledge, from t 22c. DAT	exas doceased a he causes state E SIGNED
20d. INJURY OCCURRED WHITE AT AT WORK TO CHAMBERS. Co 1 hereby certify that I attended the decessed from autopsy findings. 19. 22a. SIGNATURE Joseph A. Jachimczyk.	four posth occurred at 8	2d ₉ to 3-13-73 m. on the date s 22b. ADDRESS 209 C	tated above, and to the	ers T 19 and lost saw th best of my knowledge, from t 22c. DAT	exas
20d. INJURY OCCURRED WHILE AT DEPARTMENT OF INJURY (AFOUR WHILE AT DEPARTMENT OF INJURY (AFOUR STAND ATTRICA BUILDING STAND ATTRICA BUILDING STAND Chambers: Co 21. 1 hereby certify that I attended the deceased from autopsy findings. 19 22s. SIGNATURE JOSEPH A. Jachimczyk 23b. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE	four four Dosh occurred at 8 (Desirge or fitle)	109 to 3-13-73 m. on the date service ADDRESS 209 CO HOUST	tated above, and to the ourthouse on, Texas	218 T 19 and lest saw the best of my knowledge, from 122c. DAT 9 1	exas doceased a he causes state E SIGNED
20d. INJURY OCCURRED WHILE AT DEPARTMENT OF INJURY (AFOUR STAND AND AND AND AND AND AND AND AND AND	four posth occurred at 8	Precince 173 ada 3-13-73 m. on the date s 222b. ADDRESS 209 C Houst 23c. NAME OF CEMETERY OR Garden of C	tated above, and to the our thouse on, Texas CREMATORY	218 T 19 and lest saw the best of my knowledge, from 122c. DAT 9 1	exas e doceased a he causes ste E SIGNED
20d. INJURY OCCURRED WHILE AT COMPANY OF THE STREET OF INJURY (AFOUR STREET O	Doubt coursed at 8 (Design or fitte)	Ade to 3-13-73 m. on the date service Adopted	tated above, and to the our thouse on. Texas CREMATORY Gethseman	2rs T 19 and last saw the best of my knowledge, from to the same that t	exas o doceased o he causes stat E SIGNED 2-73
20d. INJURY OCCURRED WHITE AT COMMENT OF MAT WORK TO Strant "Fice building, etc.] 1. Ihereby certify that I attended the decessed from autopsy findings. 19 22a. SIGNATURE Joseph A. Jachimczyk 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 20d. PLACE OF INJURY (Cofford Strant Fice building, etc.) Strant Fice building, etc.) 21. Comment of the decessed from autopsy findings. 19 22a. SIGNATURE Sept.	Desth occurred at 8 (Destroy or fitte)	Precince 173 ada 3-13-73 m. on the date s 222b. ADDRESS 209 C Houst 23c. NAME OF CEMETERY OR Garden of C	tated above, and to the our thouse on. Texas CREMATORY Gethseman	218 T 19 and lest saw the best of my knowledge, from 122c. DAT 9 1	exas o doceased of the causes state E SIGNED 2-73
20d. INJURY OCCURRED WHILE AT COMPANY OF THE STREET OF INJURY (AFOUR STREET O	Desth occurred at 8 (Destro or fitle) M.D. 4, 1973 S. REGISTRAR	Ade to 3-13-73 m. on the date service Adopted	tated above, and to the our thouse on. Texas CREMATORY Gethseman	2rs T 19 and last saw the best of my knowledge, from to the same that t	exas o doceased of the causes state E SIGNED 2-73

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